Box 747 - Falls Church, Virginia 22040-0747

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

ATTORNEY DOCKET NO. 879-242P

PLEASE NOTE: **YOU MUST** COMPLETE THE FOLLOWING:

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: ARRANGEMENT OF CARD SLOT IN LAPTOP COMPUTER

sen Title: ->	ARRANGEMENT OF ON								
		If not attached hereto							
in Appropriate	the specification of which is attached here	to. If not attached hereto,	('S applie	as					
Use →	the specification was filed	On		; ;					
hout	United States Application Number (if a and amended on (if a state of the control o			pplicable); and/or					
cification	and amended on			as PC1					
Anached:	the specification was filed of			; and was					
	International Application No	10 on	(if applicable)					
	International Application Number (if applicable) amended under PCT Article 19 on (if applicable) I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as								
	amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations,								
	Lacknowledge die daty to disclose and an arrangement of our invention								
	§1.56. I do not know and do not believe the same was ever known or used in the United States of America before my or our invention. I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof or more than one year prior to this								
	6 A marion more than one year phot to this								
	that the same was not in poor.								
	the the invention has not occur paterness.								
	the say country foreign to the Office States of								
	application, that the inventor foreign to the United States of America on an application filed by me of thy legal representatives application in any country foreign to the United States of America prior to this application for patent or inventor's certificate on more than twelve months (six months for designs) prior to this application, and that no application by me or my legal representatives								
	this invention has been filed in any country foreign to the								
	or assigns, except as follows.								
	I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) of any foreign application for patent or inventor's certificate having a inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate listed below any high priority is claimed:								
	filing date before that of the application	on on which priority is claimed:		n the Claimad					
	filing date before that of the approximation (s	`		Priority Claimed					
Diorita	Prior Foreign Application(s	Japan	[4040;::::004	Yes No					
Insert Priority Information:	No.10-312085	(Country)	(Month / Day / Year Filed)	_					
(if appropriate)	(Number)	(004.1-77	·	— U D No					
	·	(Country)	(Month / Day / Year Filed)	100					
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		(Country)	(Month / Day / Year Filed)						
	(Number)	(Country)		— U D					
		(Country)	(Month / Day / Year Filed)	Yes No					
	(Number)	•							
	I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below.								
	I hereby claim the benefit under Title	33, Office States coup, 3	, <u>-</u>						
Insert Provisional		(Application Number)	•	(Filing Date)					
Application(s): → (if any)		(Application Number)							
		(A. Jinsian Number)		(Filing Date)					
	(Application Number) All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the								
	All Foreign Applications, if any, for	any Patent or inventor's Certific	ato i not recession						
	Filing Date of This Application:		_	of Filing (Month / Day / Year)					
	Country	Applicatio	n Number						
Insert Requested									
Information:									
(if appropriate)	The second of th								
	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s) listed below and, I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application in								
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	the manner provided by the first par	insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and of the claims of this application is not disclosed in the prior United States and of the insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and of the prior							
	is material to patentability as define	is material to patentability as defined in Title 37, Code of Pederal Regulations, 3120 the prior application and the national or PCT international filing date of this application:							
Insert Prior U.S.	the prior application and the nation	at or PC i international fining of	•	The second second					
Amlication(s):		(Filing	1Stotus-						
Application(s):	(A relication Number)	Films							

879-242P

I hereby appoint the following attorneys to prosecute this application and/or and ternational application based on this application and to transact all busing the Patent and Trademark Office connected therewith the resulting patent based on instructions received from the entity who first sent, the application papers to the attractions received from the entity who first sent, the application papers to the attractions identified below, unless the inventor(s) or assignee provides said attorneys with a written notice to the contrary:

Send Correspondence to: BIRCH, STEWART, KOLASCH & BIRCH, LLP

P.O. Box 747 • Falls Church, Virginia 22040-0747

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE: YOUMUST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

_			L		DATE		
Full Name of First or Sole Inventor: Insert Name of Inventor	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE				
	Takeshi	MISAWA	Sibeshi Misara	CITIZENSHIP	10/20/1999		
Insert Date This Document is Signed	Residence (City, State & Country)	Residence (City, State & Country)			Japanese		
Insert Residence ->	Asaka-shi, Saitama, Japan Japan				36		
Insert Citizenship	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)						
Insert Post Office Address	11-46, Senzui 3-chome, Asaka-shi, Saitama, Japan						
Full Name of Second Inventor, if any: see above	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE*		
32.4000	Residence (City, State & Country)			CITIZENSHIP			
	nesidante (arty, otato & osam)						
	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)						
	- FOST OF THE ABBRICOS (OSINGAROS SANSAROS SANSA						
				<u>,</u>	Taire		
Full Name of Third Inventor, if any see above	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE*		
				1			
SC ADVIC	Residence (City, State & Country)						
	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)						
			INVENTOR'S SIGNATURE		DATE*		
Full Name of Fourth Inventor, if any see above	GIVEN NAME	FAMILY NAME	INVENTUR 5 SIGNATURE				
				CITIZENSHIP			
	Residence (City, State & Country)		•	GITIZEROIIII			
	'						
	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)						
	CIVEN NAME FAMILY NAME INVENTOR'S SIGNATURE				DATE		
Full Name of Fifth Inventor, if any	GIVEN NAME	PAMILI WAWL					
see above	CITIZENSHIP						
	Residence (City, State & Country)						
	Company Company						
	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)						